

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-038057

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District

1003

Registrar's No.

9838

FILED OCT 10 1963

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR  
TOWN

St. Louis, Mo.

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR  
INSTITUTION

6163 Louisiana

Inside Limits

Yes ☐ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY

c. CITY  
OR  
TOWN

St. Louis

Inside Limits

Yes ☐ No ☐d. STREET  
ADDRESS

(If outside, give location)

6163 Louisiana

Reside on Farm

Yes ☐ No ☐

## 3. NAME OF DECEASED

(Type or print)

First

Middle

Last

Doyle H. Spencer Sr.

4. DATE  
OF  
DEATH

Month

Day

Year

Sept. 30, 1963

## 5. SEX

male

## 6. COLOR OR RACE

white

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

Feb. 17, 1895 68

## 9. AGE (last birthday)

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done

during most of working life, even if retired)

Dress Cutter

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (City and state or country)

Tennessee

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

James Spencer

## 13b. MOTHER'S MAIDEN NAME

Tulah Miller

## 14. NAME OF HUSBAND OR WIFE

Laura Spencer

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

no

If yes, give war or dates of service

none

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

St. Louis, Mo.

Address  
Laura Spencer 6163 Louisiana,

## 18. CAUSE OF DEATH (Enter only one cause per line

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Atherosclerotic Heart Disease

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

Generalized Atherosclerosis

DUE TO (c)

4200

INTERVAL BETWEEN  
ONSET AND DEATHPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

to

and last saw her alive on

Death occurred at 4:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Joseph M. Spencer

## 22b. ADDRESS

1300 Clark Ave

## 22c. DATE SIGNED

10/9/63

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

removal

## 23b. DATE

10-3-63

## 23c. NAME OF CEMETERY OR CREMATORY

Mt. Olive

## 23d. LOCATION (City, town, or county)

Lemay, Mo.

(State)

## 24. FUNERAL DIRECTOR

ADDRESS

Southern Funeral Home  
6322 S. Grand, St. Louis, Mo.

## 25. DATE RECD. BY LOCAL REG.

OCT 3 1963

## 26. REGISTRAR'S SIGNATURE

Road Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

*Deane*

*Spencer*

*Coroner*

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *David Van Fossan*

Licensed Embalmer No. *4242*

P. O. Address *St Louis Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.